

**Final Action by MHCC
HMO Quality and Performance
Commercial HMO Reporting Requirements for 2003 & 2004**

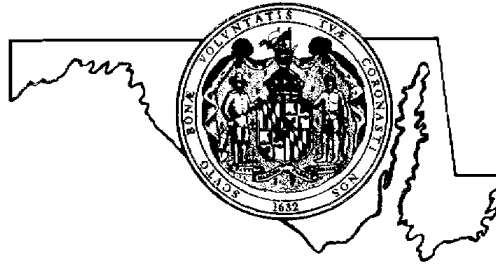
The Maryland HMOs required to submit performance reports to the Maryland Health Care Commission (MHCC) in June 2003 and 2004, as well as the HEDIS and MHCC-specific measures that must be included in those reports, are listed here following adoption by the Commission at its December 19, 2002 meeting.

Modifications have been made to several proposed staff recommendations presented to the Maryland Health Care Commission and posted for public comment on November 26th. Those modifications are the result of communication from HMOs, audit contractors, and Commissioners' actions. The cover sheet describes changes from reporting requirements in 2001

Commercial HMOs that are currently operating in Maryland are affected by these requirements for reporting on their performance. Specific criteria for which HMOs must report are included at the end of the lists of measures and HMOs posted here.

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MARYLAND HEALTH CARE COMMISSION

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**New Elements and Changes in HMO Reporting Requirements
for 2003 & 2004**

**Differences in Preliminary 2003 Recommendations made in December 2001
and new Requirements for Reporting (2003 & 2004)**

ADDED No new measures are proposed for reporting.

RETIRED Practitioner Compensation Measure.

DELETED Pharmacy formulary review will no longer be required as a separate area of measure. As part of NCQA's accreditation process, plans must meet this accrediting organization's standards for pharmaceutical management.

CHANGES The new **CAHPS 3.0H Adult Survey** will be used with mail/phone methods of reaching prospective respondents. **MHCC will not authorize over-sampling.** It is the responsibility of each plan to ensure that its member files are updated. Plans provide the entire file for all members who meet survey criteria. The sample of members surveyed from each plan will be increased from 950 members in 2002 to 1,100 in 2003. In 2003, MHCC may publish results from each category of the new 3.0H Adult Survey: Medical Assistance with Smoking Cessation and Flu Shots.

Rotation of Measures is not permitted (for ANY measure) in data submitted to MHCC. Following public comment and other related factors, **this recommendation has been withdrawn.** Plans electing to rotate measures need to adhere to the NCQA rotation schedule and guidelines in effect for the given measurement year.

In MHCC-Specific Measures: The category of Urgent Care/After Hours Clinical Services will collect data on the number of members (per 1,000) categorized as "urgent" who were seen in the evenings and on weekends. Based upon further examination, **this recommendation has been modified. Data collection will include all visits to urgent care centers with contractual agreements with plans.** As part of the foundational information for after hours care, the percent of evening and weekend hours when a plan's contracting sites are open will again be collected. However, methods of notifying providers and members of participating urgent care centers within the network will not be included in the data collection. Initially, data and descriptive information will be collected on contractual agreements and urgent care policies in effect for plans.

In MHCC-Specific Measures, additional detail about **behavioral health plan accreditation** (name of accrediting body, accreditation status, and date of accreditation expiration) is required.

CLARIFICATION

Plans are expected to follow all NCQA Technical Specifications in collecting HEDIS data unless MHCC provides other guidance in particular instances.

Each plan must submit performance data for every fully insured AND self insured group with which it contracts. Contracts for administrative services only (ASO contracts) do not preclude data reporting.

9 PLANS

Based on plans' 2001 annual filings to the Maryland Insurance Administration (MIA), and that agency's annual report to this Commission, the roster of plans meeting criteria for reporting will be nine in 2003 and 2004. FreeState Health Plan was granted an exemption from reporting in 2002 in response to a formal request. This exemption has again been granted for 2003 after receiving a formal request from the plan's administrator. The decision allowing continued exemption from reporting by FreeState stems from the recent decision by the MIA granting approval of a merger with CareFirst BlueChoice.

As in the past, plans may choose to submit combined data for their HMO product and a point of service plan than operates under the HMO license.

Maryland Health Care Commission

HMO Quality and Performance Evaluation System

HEDIS Measures to be submitted in 2003

Effectiveness of Care

- Adolescent Immunization Status
- Medical Assistance with Smoking Cessation
- Antidepressant Medication Management
- Beta Blocker Treatment After a Heart Attack
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Chlamydia Screening in Women
- Cholesterol Management After Acute Cardiovascular Events
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Flu Shots for Adults (*based on CAHPS survey data*)
- Follow-up After Hospitalization for Mental Illness
- Use of Appropriate Medications for People with Asthma

Access/Availability of Care

- Adult's Access to Preventive/Ambulatory Health Services
- Children's Access to Primary Care Practitioners
- Prenatal and Postpartum Care

Satisfaction with the Experience of Care

- CAHPS™ 3.0H, Adult Survey

Health Plan Stability

- Practitioner Turnover
- Years in Business/Total Membership

Maryland Health Care Commission

HEDIS Measures to be submitted in 2003

Use of Services

- Adolescent Well-Care Visit
- Ambulatory /ED Care
- Births and Average Length of Stay, Newborns
- Cesarean Section
- Chemical Dependency Utilization – Inpatient Discharges and ALOS
- Chemical Dependency Services - % of Members Receiving Services
- Frequency of Selected Procedures
- Inpatient Utilization (General Hospital/Acute Care)
- Inpatient Utilization (Non-Acute Care)
- Maternity Discharges and ALOS
- Mental Health Utilization – Inpatient Discharges and ALOS
- Mental Health Services - % of Members Receiving Services
- Outpatient Drug Utilization
- Vaginal Birth After Cesarean Rate (VBAC) Rate
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Health Plan Descriptive Information

- Enrollment (Total) by Percentage
- Enrollment by Product Line (Member Years/Member Months)
- Physician Board Certification and Residency Completion

Maryland Health Care Commission

HEDIS Measures to be submitted in 2003

Additional measures to be reported by each HMO:

Urgent Care/After Hours Clinical Services

- ☐ Number of members (per 1,000) that were seen during available hours of operation at urgent care centers having contractual agreements with the HMO.
- ☐ Does the HMO provide an established source of evening and weekend care (not including telephone) for members who are ill? (1. contract with urgent care centers; and 2. percent of weekend & evening hours when urgent care center sites are open.)

Mental Health/Chemical Dependency ("Behavioral Health")

1. Indicate what percent of members (covered for behavioral health benefits with your plan) receive such services directly from your plan. Provide all information on accreditation for behavioral health services (name, accreditation status, and date of accreditation expiration).
2. Provide name, accreditation status, and date of accreditation expiration of any external entity that provides behavioral health services to plan members (under a contract with your plan). What percent of all of your members with behavioral health benefits through your plan are served by this provider/MBHO?
3. Provide the number of practitioners in the behavioral health network, by discipline (psychiatry, psychology, social work, nurse psychotherapists, certified professional counselors, and licensed clinical alcohol and drug counselors).
4. Provide the percentage of network psychiatrists who are board certified.
5. Provide (categorized by age groups 0-17 and 18-65+ and gender) rates for members having mental health coverage and who receive mental health services: enrollment numbers stated in member months; discharges from inpatient mental health facilities per 1000 eligible members; and average (inpatient mental health facility) length of stay.
6. Provide (categorized by age groups 0-17 and 18-65+ and gender) rates for members having chemical dependency coverage and who receive chemical dependency services: enrollment numbers stated in member months; discharges from inpatient chemical dependency facilities per 1000 eligible members; and average (inpatient mental health facility) length of stay.
7. Provide (categorized by age groups 0-17 and 18-65+ and gender) rates for members having mental health coverage: enrollment numbers stated in member months and, the number and percentage per 1000 eligible members who used the following services:
 - a. Any mental health service;
 - b. inpatient mental health services;
 - c. day/night mental health services; and
 - d. ambulatory mental health services.
8. Provide (categorized by age groups 0-17 and 18-65+ and gender) rates for members having chemical dependency coverage: enrollment numbers stated in member months and, the number and percentage per 1000 eligible members who used the following services:
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Measures #5, 6, 7, & 8 are already required by MHCC as part of HEDIS 2003, Use of Services, just as they were required in 2002. All MHCC-Specific Measures are likely to be published in the HMO & POS Guide for Consumers.

Maryland Health Care Commission HMO Quality and Performance Evaluation System

HMOs Required to Submit Performance Reports in 2003

Aetna US Healthcare, Inc., Maryland, DC, Virginia (Aetna US Healthcare)

CareFirst BlueChoice (Formerly CapitalCare)(CareFirst BlueCross-BlueShield)

CIGNA HealthCare Mid-Atlantic, Inc.

Coventry Health Care of Delaware, Inc.

Delmarva Health Plan (CareFirst BlueCross-BlueShield)

Kaiser Permanente of the Mid-Atlantic States

MD- IPA (MAMSI)

Optimum Choice, Inc. (MAMSI)

The Preferred Health Network of Maryland (CareFirst BlueCross-BlueShield)

Maryland Health Care Commission
HMO Quality and Performance Evaluation System

HMOs Required to Submit Performance Reports in 2004

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CIGNA HealthCare Mid-Atlantic, Inc.

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Maryland Health Care Commission

The Commission's regulations, COMAR 10.25.08, require HMOs that meet the following conditions to submit HMO Performance reports to the Commission:

- (a) hold a certificate of authority in Maryland;
- (b) report over \$1 million in written premium volume in Maryland based on the annual statement submitted to the Maryland Insurance Administration ("MIA") during the calendar year preceding the reporting period [for reports to be submitted in 2003 - premium reported for calendar year 2001]; and
- (c) less than 65 percent of its Maryland enrollees receive coverage through the Medicaid and Medicare programs, as reported in the annual statement submitted to the MIA during the calendar year preceding the reporting period.